

Administrative Procedure

CPCC-PRO-SH-077

PRC-PRO-SH-077

Reporting, Investigating, and Managing Health and Safety Events

Revision 1, Change 0

Published: 05/24/2022

Effective: 05/24/2022

Program: Occupational Safety and Industrial Hygiene

Topic: Occupational Safety and Industrial Health

Technical Authority: Derting, Andrea

Functional Manager: Legg, Ryan

Use Type: Administrative



- 100 K Facility :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- 324 Facility :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Canister Storage Building/Interim Storage Area :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Central Plateau Surveillance and Maintenance :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- PFP Ancillary Structures :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Plutonium Finishing Plant :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Solid Waste Operations Complex :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Transportation :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1
- Waste Encapsulation Storage Facility :
Excluded from USQ
Exclusion Reason:
N/A per CPCC-PRO-NS-53097 Table 1

JHA: Administrative

Periodic Review Due Date:05/24/2027

Rev. 1, Chg. 0

Change Summary

Description of Change

Complete revision/new title.

Reporting, Investigating, and Managing Health and Safety Events

Published Date: 05/24/2022

PRC-PRO-SH-077

Effective Date: 05/24/2022

Removed Vehicle Incident reporting.
Update PPS template.

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1.0 INTRODUCTION

1.1 Purpose

This procedure summarizes requirements for responding to and reporting occupational injuries, illnesses, and incident investigations. It also provides direction for consistent response, investigation, and management of such injuries/illnesses. Non-occupational injuries/illnesses that result in a release from work, or restrictions, need to be reported to direct management and managed in accordance with CPCC-PRO-HR-693, *Return to Work after Personal Medical-Related Condition or Absence*. This procedure also establishes requirements to ensure that prompt medical treatment is obtained in accordance with U.S. Department of Energy (DOE)/Occupational Safety and Health Administration (OSHA) requirements.

1.2 Scope

This procedure is to be utilized by all Central Plateau Cleanup Company (CPCCo) team employees.

1.3 Applicability

This procedure is applicable to CPCCo team employees and subcontractors when reporting, investigating, and managing CPCCo events.

1.4 Implementation

This procedure is effective upon publication.

2.0 RESPONSIBILITIES

2.1 Employee

- Responds to and reports the following events:
 - Emergencies
 - Non-emergency work-place injuries or illnesses, no matter how slight. This includes any injury/illness that may occur off site (e.g., HAMMER Training Facility, Federal Building etc.)
- Notifies a supervisor of all work-related injuries and illnesses immediately.
- Notifies a supervisor and safety professional of any personal condition (non-occupational injury or illness) that may affect ability to perform job safely.
- Participates in event management, investigation, and injury/illness management in accordance with this procedure.

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2.2 Managers/Supervisors

- Participates in event management, investigation, and injury/illness management in accordance with this procedure.
- Immediately notifies assigned safety professional of any injury or illness and has the safety professional accompany any transports to either the site occupational medical contractor (SOMC) or medical facility (occupational injury/illness or personal condition).
- Immediately notifies the Project Shift Office of any work-related injury or illness reports and/or any transports to either the SOMC or nearest medical facility. Updates the Shift Office regarding changes in employee's condition as needed.
 - Any injuries that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate supervisor, and the assigned safety professional. An *Event Report* (Site Form A-6004-756) must be completed and submitted to a Case Management Specialist (CMS).
- If an employee is transported to the SOMC or medical facility, manages injured employee's needs (e.g., transportation, clothing, badge, and notification of family member).
- Ensures each employee has been briefed and understands this procedure.

2.3 Shift Office

- Makes notifications in accordance with this procedure.
- Provides additional information as requested to the Injury & Illness CMS, line management, senior management, and DOE Facility Representatives; refer others requesting information to the Industrial Safety manager or the Injury & Illness CMS.

2.4 Safety Professional

- Unless an injury is self-treated, accompanies employee to the nearest SOMC or to the primary care medical facility to be evaluated and receive appropriate treatment. If unavailable, the safety professional may delegate accompanying the employee to a management representative until the safety professional is available.
- Participates in event management, investigation, and injury/illness management in accordance with this procedure.
- Ensures corrective actions identified are appropriate to prevent recurrence and are tracked to closure.

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2.5 Case Management Specialist (CMS)

- Determines the OSHA classification and completes required documentation regarding classification of the event.
- When notified by HPMC of a potential Hearing Standard Threshold Shift (STS), performs STS calculations.
 - If the calculation indicates an STS, submits to noise subject matter expert/industrial hygienist (SME/IH) for peer review.
 - If the STS is verified, notifies the facility/project Occupational Safety and Health (OS&IH) Manager to investigate and assist in completion of the Hearing Conservation Questionnaire as indicated in CPCC-PRO-SH-40479, *Occupational Noise Exposure and Hearing Conservation*.

2.6 Worker's Compensation Coordinator

- Facilitates the worker's compensation claim process assisting the affected worker as needed.

2.7 HAMTC Safety Representatives, Building Trades Safety Representative & Employee Safety Advocates Forum Members

- Participates in accident investigations as requested by supervisors/managers/employees.

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3.0 PROCESS

3.1 Notifications/Communications

3.1.1 (a) Injuries or Illnesses

Actionee	Step	Action
Injured Employee or First Responder	1.	DIAL 911 (509-373-0911 on cell phones) for all emergency events.
	2.	NOTIFY immediate supervisor or manager of all injuries and illnesses immediately.
Supervisor/ Manager	3.	ENSURE emergency services have been notified for emergency events (dial 911, 509-373-0911 on cell phones).
	4.	Immediately NOTIFY assigned safety professional of any injury or illness and have the safety professional accompany any transports to either the SOMC or medical facility (occupational injury/illness or personal condition).
	5.	Immediately NOTIFY the Project Shift Office of any work-related injury or illness reports and/or any transports either to the SOMC or nearest medical facility.
	6.	UPDATE the Shift Office regarding changes in the employee's condition as needed.
	7.	NOTIFY the applicable subcontractor Hanford Mission Integration Solutions [HMIS], etc. supervisor when a subcontractor worker that is supporting CPCCo requires medical assistance at SOMC, Kadlec, or other medical facility.

NOTE: The notification should not contain any identifier, medical condition, or diagnosis. The message should be generic such as the following examples:

PRCNS Example: "(Job function, e.g., manager, office worker, NCO) (slipped, tripped, etc.) (location) and is reporting to onsite medical provider or has elected to self-treat"

Phone Notification: Information released on "need to know" basis

Transport Example: "(Job Function, e.g., manager, office worker, NCO) (slipped, tripped, etc., or personal condition) and is being transported by (ambulance, co-worker, manager, etc.) to (SOMC, Kadlec, etc.)"

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|--------------|--|
| Shift Office | 8. MAKE notifications in accordance with this procedure. |
| | 9. NOTIFY the safety professional, appropriate supervisory personnel, and the DOE Facility Representative. |

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Actionee	Step	Action
Safety Professional	10.	NOTIFY CMS of all work-related injuries/illnesses that are self-treated or require medical treatment by the SOMC or nearest medical facility.
	11.	ACCOMPANY employee to SOMC or nearest medical facility to assist with case management and act as employee advocate.
	12.	NOTIFY OS&IH management and CMS of any changes or updates in care, employee status, treatment, and outcomes.

3.1.2 (b) Non-Emergency Workplace Injuries or Illnesses

Actionee	Step	Action
NOTE: <ul style="list-style-type: none"> Events that are minor in nature may be self-treated if agreed upon by the affected worker and his/her immediate management and safety professional. Event reports are required on all injury/illness reports, regardless of severity. Employees with personal medical conditions or illnesses are encouraged to seek medical attention at their private medical providers. Non-occupational injuries/illnesses that result in a release from work, or restrictions, need to be reported to direct management and managed in accordance with CPCC-PRO-HR-693 and CPCC-PRO-HR-54797, Accommodations in the Workplace. 		
Employee	1.	Immediately NOTIFY supervisor or manager of all work-related injuries and illnesses.
	2.	Unless an injury/illness is self-treated, REPORT to the nearest SOMC or, if after hours, to the nearest primary care medical facility to be evaluated and receive appropriate treatment.
	3.	NOTIFY a supervisor or manager and safety professional of any personal condition (non-occupational injury or illness) that may affect your ability to perform your job safely.
Supervisor	4.	Immediately NOTIFY assigned safety professional of any injury or illness <u>AND</u> HAVE the safety professional accompany any transports to either the SOMC or medical facility (occupational injury/illness or personal condition).
	5.	Immediately NOTIFY the Shift Office of any work-related injury or illness reports and/or any transports either to the SOMC or nearest medical facility.
	6.	UPDATE Shift Office regarding changes in the employee's condition as needed.

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Supervisor	7.	Unless self-treatment is agreed upon, DIRECT the affected worker to the nearest SOMC or, if after hours, the nearest primary care medical facility.

NOTE: The notification should not contain any identifier, medical condition, or diagnosis. The message should be generic such as the following examples:

PRCNS Example: “(Job function, e.g., manager, office worker, NCO) (slipped, tripped, etc.) (location) and is reporting to onsite medical provider or has elected to self-treat

Phone Notification: Information released on “need to know” basis

Transport Example: “(Job Function, e.g., manager, office worker, NCO) (slipped, tripped, etc., or personal condition) and is being transported by (ambulance, co-worker, manager, etc.) to (SOMC, Kadlec, etc.)

Shift Office	8.	NOTIFY the appropriate safety personnel and management representatives.
Safety Professional	9.	NOTIFY CMS of all work-related injuries/illnesses that are self-treated or require medical treatment by the SOMC or nearest medical facility.
	10.	ACCOMPANY employee to SOMC or nearest medical facility to assist with case management and act as employee advocate.
	11.	NOTIFY OS&IH management and CMS of any changes or updates in care, employee status, treatment, and outcomes.

3.2 Control of the Accident Scene**3.2.1 Secure the Scene**

Actionee	Step	Action
All Employees	1.	After reporting an event, and ensuring it is safe to help, ASSIST personnel as needed.
	2.	If needed, PROVIDE first aid within level of training.
	3.	<u>IF</u> the event results in an injury or illness, <u>THEN</u> ENSURE the affected employee gets immediate medical attention; do not move seriously injured personnel unless remaining at the present location presents a greater danger.

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Actionee	Step	Action
All Employees	4.	If you can do so safely, TAKE actions necessary to prevent or minimize the risk of additional injury or illness.
	5.	When applicable, REMAIN with the injured/ill worker until emergency response personnel arrive on scene.

3.2.2 Preserve Evidence

Actionee	Step	Action
Employees/ Manager/ Supervisor	1.	LEAVE the event scene intact to the greatest extent possible, with nothing moved or disturbed until an investigation is complete.
	2.	MAKE a prompt and careful effort to preserve the evidence that will be necessary to answer the key questions about the event (who, where, what, when, how, and why).
	3.	USE barricades, signs, or other means to isolate the site, warn of hazards, and otherwise restrict access.
Manager/ Supervisor	4.	DETERMINE what actions need to be taken to make the area safe and control area (e.g., clean up blood, remove equipment, and perform repairs, as needed).
	5.	OBSERVE <u>AND</u> RECORD perishable or environmental evidence (such as instrument readings, control panel settings, and weather conditions).
	a.	USE photographs, sketches, and diagrams to record evidence or conditions.
	b.	MAKE detailed notes about any photographs, sketches, or diagrams made.
	6.	CONTACT the responsible safety professional to assist in recording perishable or environmental evidence and to release the scene from investigation.
	7.	ASSIST in recording perishable or environmental evidence at the scene of an accident.

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3.2.3 Post-Accident Management

Actionee	Step	Action
NOTE: <i>The SOMC and primary care facilities include the following:</i>		
		<ul style="list-style-type: none"> SOMC: North Area: 200W/2719-WB, 509-373-2714 SOMC: South Area: 1979 Snyder Street, Richland, WA, 509- 376-6981 After hours care facilities include the following: <ul style="list-style-type: none"> Kadlec Medical Center: 888 Swift Blvd., Richland, WA, 509- 946-4611 Nova Health Urgent Care: 310 Torbett St., Richland, WA, 509-946-7646 Nova Health Urgent Care: 550 Gage Blvd., Richland, WA, 509-628-1362 After hours care facilities locations listed are not all inclusive
Safety Professional/ CMS	1.	ACCOMPANY injured or ill employees to the SOMC. <ul style="list-style-type: none"> a. Outside the SOMC operating hours, ACCOMPANY all injured or ill employees to the medical facility providing treatment.
	2.	REMAIN with the employee until the employee is released or assistance is no longer necessary.
NOTE: <i>The followup information to the Shift Office should <u>not</u> contain any identifier, medical condition/treatment, or diagnosis. The information should be generic in nature.</i>		
	3.	FOLLOW UP with the Shift Office and CMS on the status of the injured employee.
	4.	<u>IF</u> the medical provider issues restrictions, <u>THEN</u> ENSURE the worker follows the accommodation process described in CPCC-PRO-HR-54797.
	5.	Until directed otherwise by CMS, KEEP in contact with the employee if the employee is medically removed or restricted from work.
	6.	Upon the employee's return to work, FOLLOW requirements specified in CPCC-PRO-HR-693.
	7.	MEET with the medical provider, employee's supervisor/manager to ensure appropriate care is provided.

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Actionee	Step	Action
NOTE:	•	<i>Medical care following possible chemical exposure shall be provided to an employee under the following circumstances:</i>
	○	<i>An employee communicates that he or she may have been exposed to a chemical and is experiencing physical symptoms, or</i>
	○	<i>An employee expresses concern that he or she may have been exposed to a chemical, or</i>
	○	<i>An employee reports being potentially exposed following an event or release regardless of the presence or absence of symptoms.</i>
Employee	8.	For occupational injuries and illnesses that occur during normal work hours, REPORT to the SOMC for evaluation as soon as possible under the following circumstances: <ul style="list-style-type: none"> • When incurring an occupational injury not meeting self-treat criteria, when instructed to do so by management • When instructed to do so by the Hanford Fire Department • When exhibiting symptoms from a chemical related event
	9.	Following medical care evaluation, REPORT immediately to direct management any restrictions and/or prescriptions issued as the result of occupational injuries/illnesses that may affect your ability to perform job duties safely or that may affect the safety of co-workers.
	10.	When restrictions are issued by the SOMC for an occupational injury or illness, CONTACT manager/supervisor <u>AND COMPLY</u> with CPCC-PRO-HR-693 and CPCC-PRO-HR-54797.
	11.	FOLLOW the SOMC recommendations/restrictions.
	12.	NOTIFY direct management prior to start of work shift if unable to attend work due to an injury/illness <u>AND MAINTAIN</u> contact when off work due to an injury/illness.
	13.	<u>IF</u> an injury is discovered or if an employee seeks the attention of an offsite medical practitioner after hours as a result of a workplace injury or illness, <u>THEN</u> immediately NOTIFY direct management <u>OR IF</u> management is not available, <u>THEN</u> NOTIFY the appropriate Shift Office.

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Actionee	Step	Action
Employee	14.	<p><u>IF</u> removed from work by an offsite physician, <u>THEN</u> immediately NOTIFY direct management <u>AND</u> REPORT to the SOMC as soon as possible.</p> <p>a. PROVIDE written instructions from the physician to the SOMC for evaluation.</p> <p>b. NOTIFY the Workers Compensation Coordinator.</p>

3.3 Investigation Completion (i.e., Complete the Event Report A-6004-756)

Any information about an individual employee, including but not limited to education, medical history, employment history, and/or any other information that can be used to distinguish or trace an individual's identity, such as his/her social security number, date and place of birth, mother's maiden name, biometric data, etc., and including any other personal information that is linked or linkable to a specific individual shall be marked and protected as Official Use Only – Personally Identifiable Information. See HMIS-PRO-SEC-54603, *Identifying, Marking, and Protecting Official Use Only (OUO) Information*.

NOTE: *Employees and/or witnesses who were involved in the event shall participate in the investigation.*

Actionee	Step	Action
NOTE: <i>A HAMTC Safety Representative, Building Trades Safety Representative and an Employee Safety Advocates Forum representative are encouraged to participate as requested by management and/or Safety.</i>		

Responsible Manager/ Supervisor	1. With support from a safety professional, INITIATE an investigation team within 24 hours.
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NOTE: *Personal witness statements should be obtained as soon as possible after an event and documented independent of one another.*

- OBTAIN statements from personnel that were involved in or witnessed the event
AND DOCUMENT statements on the *Event Report*, Witness Statement Page (Site Form A-6004-756).
- OBTAIN any procedures, work packages, briefing checklists, job hazards analyses (JHA), or other information that help explain what was occurring at the time of the event including, but not limited to instrument readings, photographs, and drawings.
- As appropriate, DEVELOP a map and timeline documenting the sequence of events.

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Actionee	Step	Action
NOTE:	•	<i>Corrective actions identified during the investigation process that cannot be immediately taken or the problem/condition/event is evaluated against the Action Request (AR) initiation criteria A) shall be tracked through the Integrated Contractor Assurance System (iCAS).</i>
	•	<i>Corrective actions should place emphasis on unsafe conditions, deficiencies, or items that need further evaluation and be documented on the Event Report and AR.</i>
	•	<i>Once the report is finalized and approved by the assigned safety professional, the report will be sent to the Case Management Specialist for filing, tracking, and trending.</i>
Responsible Manager/Supervisor	5.	SUBMIT the original <i>Event Report</i> (Site Form A-6004-756) and any supporting documentation including required photographs to the field safety professional for review within 48 hours of the event.
	6.	<u>IF</u> the <i>Event Report</i> requires more than 48 hours for completion, <u>THEN</u> NOTIFY CMS.
	7.	EVALUATE all investigation and feedback information for process improvements or lessons learned. <ol style="list-style-type: none"> CONSIDER any good work practice, innovative approach, or adverse work practice or experience captured during the investigation of the event that may prevent recurrence for lessons learned.
Safety Professional	8.	ASSIST manager/supervisor in the accident investigation by helping to initiate the investigation, participate as an investigation member, obtain statements, gather documents and applicable evidence (including photographs), establish sequence of events, and in completing the report.
	9.	REVIEW the <i>Event Report</i> for completeness and accuracy of content.
	10.	ENSURE corrective actions identified are appropriate to prevent recurrence and are completed or being tracked to closure through the iCAS process.
	11.	COMPLETE the Safety Professional section by obtaining necessary signatures.
Employee	12.	COMPLETE the Employee portion of the <i>Event Report</i> within the shift of occurrence, but no later than beginning of the next shift.

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3.4 Injury and Illness Case Management

Actionee	Step	Action
CMS	1.	REVIEW the <i>Event Report</i> (Site Form A-6004-756) for completeness and necessary details needed to classify the event.
	2.	DETERMINE OSHA classification of event in coordination with the OS&IH Manager.
	a.	IF an injury/illness is determined to be a recordable case or information is received indicating an injury could be a potential recordable case, <u>THEN</u> NOTIFY the Environmental, Safety, Health & Quality (ESH&Q) Director the day the determination is made or information becomes available.
	b.	IF determined to be a recordable case, <u>THEN</u> NOTIFY Project Shift Manager for evaluation against the Group 2 Personnel Safety and Health Occurrence categories and criteria found in the occurrence reporting procedure. CSM will determine potential reportable occurrences(s).
Worker's Compensation Coordinator	3.	<u>IF</u> the employee has indicated on the event report that he/she wishes to file a worker's compensation claim, <u>THEN</u> NOTIFY the Worker's Compensation Coordinator <u>AND</u> PROVIDE a copy of the <i>Event Report</i> .
	4.	DETERMINE the required documentation for the event <u>AND</u> ENTER into the appropriate database.
	5.	Based on information from the event report, CONTACT the affected worker to offer a worker's compensation claim.
	6.	FACILITATE the claim process in accordance with CPCC-PRO-SH-52785, <i>Worker's Compensation</i> .
CMS	7.	INTERFACE with the appropriate medical treatment facility and/or SOMC.
	8.	INTERFACE with the Worker's Compensation Third Party Administrator.
	9.	EVALUATE updated information <u>AND</u> DETERMINE reportable occurrences.

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4.0 FORMS*A-6004-756, Event Report***5.0 RECORD IDENTIFICATION**

All records are required to be managed in accordance with CPCC-PRO-IRM-10588, *Records Management Processes*.

Records Capture Table

Name of Record	Submittal Responsibility	Retention Responsibility
<i>Event Report, A-6004-756</i>	CMS	IRM Service Provider

6.0 SOURCES**6.1 Requirements**

5 USC 552A, *Records Maintained on Individuals*
10 CFR 851, *Worker Safety and Health Program*
29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*
DOE O 226.1B, *Implementation of Department of Energy Oversight Policy*
DOE O 231.1B, Admin Chg 1, *Environment, Safety and Health Reporting*

6.2 References

CPCC-PRO-HR-693, *Return to Work after Personal Medical-Related Condition or Absence*
CPCC-PRO-HR-54797, *Accommodations in the Workplace*
CPCC-PRO-IRM-10588, *Records Management Processes*
CPCC-PRO-SH-40479, *Occupational Noise Exposure and Hearing Conservation*
CPCC-PRO-SH-52785, *Worker's Compensation*
HMIS-PRO-SEC-54603, *Identifying, Marking, and Protecting Official Use Only (OUO) Information*

6.3 Bases

CPCC-PRO-EM-058, *Event Initial Investigation and Critique Meeting Process*
CPCC-PRO-EM-060, *Reporting Occurrences and Processing Operations Information*
CPCC-PRO-HR-042, *Fitness for Duty*
CPCC-PRO-IRM-184, *Information Protection and Clearance*
CPCC-PRO-QA-052, *Issues Management*
DOE F 5484.4, *Tabulation of Work-Hours*
DOE G 231.1, *Occurrence Reporting Causal Analysis Guide*

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Appendix A - Glossary

Term	Definition
Emergency	A serious situation or occurrence that happens suddenly and/or unexpectedly, jeopardizing human life and/or property, and demands immediate action (e.g., severe bleeding, heart attack symptoms, stroke, chest pain, difficulty breathing, compound fractures, etc.).
Emergency Response	The response made by firefighters, emergency medical technicians, security, health care personnel, and/or other emergency services upon notification of a fire, accident, earthquake, explosion, environmental spill/event, or other event in which human life and/or property may be in jeopardy.
Event	An unplanned action or happening resulting in adverse consequences.
First Aid	Emergency treatment for injury or sudden illness given before definitive medical care is available.
First Aid Treatment	Treatment consistent with 29 CFR 1904.
Recordable Injury	An injury that results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or licensed health care professional.
Self-Treatment	Treatment administered by the employee. Injuries and illnesses that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate supervisor, and safety professional.
Work-Related Illness	A non-traumatic physiological harm or loss of capacity produced by systemic infection, continued or repeated stress or strain (for example, exposure to toxins, poisons, fumes), or other continued and repeated exposures to conditions of the work environment over a long period of time. This includes any abnormal physical or psychological condition or disorder resulting from an injury, caused by long- or short-term exposure to chemical, biological, or physical agents associated with the occupational environment. For practical purposes, an illness is any reported condition that does not meet the definition of an injury.
Work-Related Injury	A traumatic wound or other condition of the body caused by external force, including stresses or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected and is caused by a specific event or series of events within a single day or work shift.